

Exhibit B

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Jul 1, 2014 04:52PM P4/7

FUNDING AGREEMENT

This Funding Agreement, made as of June 27, 2014, is between [REDACTED] residing at [REDACTED] Riverhead, New York 11901- (hereinafter referred to as "I"), and [REDACTED] having its principal place of business at [REDACTED] Brooklyn, New York 11242-0000 (hereinafter referred to as "[REDACTED]").

RECITALS

- A. I am currently engaged in a pending legal claim and/or lawsuit as a result of injuries arising out of a personal injury claim defined as [REDACTED] for the incident that occurred on or about 01/11/2012, or any other related actions, (hereinafter referred to as "Lawsuit") or any other related action which shall include, without limitation, any lawsuits or claims in which I am asserting my right to recovery for my injury, whether it is against the defendants named in the lawsuits, or others, and shall include any claims I may or will have for the handling of my original claim or lawsuit.
- B. I have been advised by [REDACTED] to discuss this matter with my attorney and/or such other legal counsel of my own choosing prior to signing this Agreement and that I have either received such counsel or expressly waived it.
- C. You have advised me to assess all of my alternatives to funding my immediate economic needs prior to accepting this funding. Because [REDACTED] is taking a high risk in giving me this funding, I understand that [REDACTED] may make a large profit. However, [REDACTED] will be paid only from the proceeds of the Lawsuit, and agrees not to seek money from me directly in the event that the Lawsuit is not successful. I will use the proceeds advanced to me for my life needs only.
- D. This Funding Agreement and all of its principal terms have been fully explained to me, and all questions that I might have about this transaction have been fully explained to me in English or such other language that I speak best.
- E. I represent that there are no pending tax claims nor are there any pending criminal allegation(s) or charge(s) against me.

SECTION 1. FULL DISCLOSURE

Total to be advanced to me under THIS agreement:	\$22,000.00
Total to be advanced to me under ALL agreements:	\$22,000.00
Case Monitoring Fee (total of all fundings):	\$100.00
Application Fee (total of all fundings):	\$250.00 *
Annual Percentage Rate:	38.40%
Compounding Method:	Monthly

Total amount to be repaid by me under ALL agreements:

Date of Payment to [REDACTED]	Amount Due
If payment is made on 09/26/2014	\$27,083.31
If payment is made on 12/26/2014	\$27,083.31
If payment is made on 03/26/2015	\$32,785.05
If payment is made on 06/26/2015	\$32,785.05
If payment is made on 09/26/2015	\$39,728.30
If payment is made on 12/26/2015	\$39,728.30
If payment is made on 03/26/2016	\$48,141.95
If payment is made on 06/26/2016	\$48,141.95
If payment is made on 09/26/2016	\$58,337.49
If payment is made on 12/26/2016	\$58,337.49
If payment is made on 03/26/2017	\$70,619.05
If payment is made on 06/26/2017 **	\$70,619.05

* Other fees may apply as per agreement but are not anticipated at the time of funding.

** This chart includes example dates only. Dates in-between and after those shown may reflect other pay-off amounts. Always contact [REDACTED] for your exact pay-off amount.

FOR SECURITY PURPOSES, THIS PAGE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTS IN THE BORDER.

SIGNATURE BANK
26 COURT STREET
BROOKLYN, NY 11242
1-337-9388

152617

DATE 10/3/2014

AMOUNT \$*****22,000.00

Twenty Two Thousand and 00/100

03 Dollar

PAY TO THE ORDER OF Med Surg Consultants

AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED: DETAIL S OVERBACK

Account: [REDACTED]
Amount: 22,000.00
PostDate: 20141014
Tran_ID: 768139816
CheckNum: 152617
[REDACTED]
ReturnReasonCode:

DO NOT WRITE / SIGN / STAMP BELOW THIS LINE
DEPOSITORY BANK ENDORSEMENT

Heidi G. Canale

[REDACTED]

[REDACTED]

Account: [REDACTED]
Amount: 22,000.00
PostDate: 20141014
Tran_ID: 768139816
CheckNum: 152617
[REDACTED]
ReturnReasonCode: